

Child/Voung Person's Details

PRE-EXERCISE SCREENING SYSTEM FOR YOUNG PEOPLE



YOUNG PERSON TOOL (PSS-YP)

Important Information: This tool is part of the Pre-Exercise Screening System and should be used in conjunction with the PSS User Guide which covers how to use the information collected and to address the aims of each stage. This does not constitute medical advice. These guidelines and the PSS (together 'the material') is not intended for use to diagnose, treat, cure or prevent any medical conditions, is not intended to be professional advice and is not a substitute for independent health professional advice. Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia and Exercise is Medicine (together 'the organisations') do not accept liability for any claims, howsoever described, for loss, damage and/or injury in connection with the use of any of the material, or any reliance on the information therein. While care has been taken to ensure the information contained in the material is accurate at the date of publication, the organisations do not warrant its accuracy. No warranties (including but not limited to warranties as to safety) and no guarantees against injury or death are given by the organisations in connection with the use or reliance on the material. If you intend to take any action or inaction based on the guidelines and/or the PSS, it is recommended that you obtain your own professional advice based on your specific circumstances.

Omia, roung r orden o Be						
Full Name:						
ate of Birth:	Age:	Gender: <i>Male</i>	Female	Prefe	er not to say Oth	ner
Pre-exercise screening results with the consent of the young pe			ng individuals	involved in the	e event of urgent medical	l care, and/or
STAGE 1 (CO	MPULSORY)	To be completed wit medical care of the			or individual who is respo	nsible for the
conditions or warning s	art of a system designed for signs that may put them at a xpected during exercise lea	higher risk of an unwant	ed event duri	ng activity or e	xercise sessions. Unwan	
Do you have, or previously had	d:			YES	DON'T KNOW	NO
1. A heart condition?						
2. A close relative who has died suddenly from a heart condition before the age of 50?						
3. Uncontrolled epilepsy or seizures/convulsions?						
4. Fainting or dizzy spells with physical activity/exercise?						
5. Diabetes?						
6. An asthma attack requiring immediate medical attention at any time over the last 12 months?						
7. Anaphylactic reactions?						
8. Surgery in the last month?						
9. Any other conditions that may require special consideration for you to exercise?						
IF YOU ANSWERED 'YES' or 'D administering this form prior to		9 questions above, pleas	e discuss wit	th the exercise	leader or the person	
IF YOU ANSWERED 'NO' we re	ecommend you proceed to S	Stage 2 with the exercise	leader or th	ose providing I	medical care.	
10. Over the past seven days, on how many days were you physically active for a total of 60 min per day?				nutes or more	Number of days:	
oung Person - I hereby acknowle	edge that:					
To the best of my knowledge, all	of the information I have sup	plied within this screening	tool is correct	.		
I will inform the exercise leader	or person administering this f	form if there are any chang	es to the ansv	vers above.		
lame:	Sia	nature:		Date:		
Parent/Guardian Consent (*requir To the best of my knowledge, all	ed if young person 17 years o	ld or younger) - I hereby a vithin this tool is correct.	cknowledge th	at:		
I will inform the exercise leader	or those providing medical ca	are immediately if there are	e any changes	to the informati	ion provided.	
Name:	Sig	nature:		Date:		



